2026-2027 Household Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil).

Apply online: https://schoolmeals.hallco.org

Return to Hall County School Nutrition

Application #

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits.

This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Student ID# (optional)	Grade	Student? Yes	Student? No	Foster Child	Homeless, Migrant, Runaway

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF or FDPIR?

☐ If NO> Go to STEP 3. ☐ If YES> Write a case number here then go to STEP 4 and DO NOT complete STEP 3.

Case # (Not EBT Number):

Write only one case number in this space

STEP 3 List ALL household members and income for each member *(before taxes and deductions)*

Please see application's back for a list of income sources.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	Check how often: Weekly	Bi-Weekly	2x Month	Monthly
$	☐	☐	☐	☐

B. All Adult Household Members *(Anyone who is living with you and shares income and expenses, even if not related, including you.)*

List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income.

For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) for each source in whole dollars (no cents) only.

If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report

Adult Household Members First and Last Name	Earnings from Work	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How often received? Weekly	Bi-Weekly	2x Month	Monthly	Retirement/ Pension/All Other Income	How often received? Weekly	Bi-Weekly	2x Month	Monthly
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable) X X X - X X - ___ ___ ___ ___

Check if no SSN

STEP 4 Contact Information and adult signature. Return Completed Form to your youngest child's school nutrition manager.

"I certify *(promise)* that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify *(confirm)* the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address *(if available)* | City | State | Zip | Daytime Phone and Email *(optional)*

Printed Name of Adult Signing the Form | Signature of Adult | Today's Date

Please initial on the lines or line below if you would like to share your child's eligibility status only with Student Services:
_____Testing coordinators, guidance counselors to potentially qualify for reduce priced college entrance exams
_____School nurses to potentially qualify for free hearing/vision exams
*Failing to initial for the consent listed will not affect eligibility for or participation in the Child Nutrition Program.

Office Use Only.

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instrcutions that accompany this application

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	• A child has a regular full or part-time job where they earn a salary or wages
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
			• A friend or extended family member regularly gives a child spending money
			• A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL — Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.
Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity *(Check one)* : ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race ☒ Not Hispanic or Latino

Race *(Check one or more)* : ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced-priced meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, mark "Check if no Social Security Number." Applications for foster child do not need to list Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some Children qualify for free meals without an application. Please contact your school to get free meals for a foster child and children who are homeless, migrant, or runaway.

Return completed form to your child's school.

The contact information below is solely to file a complaint of discrimination
In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, emplyees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, marital status, family/parental status, income dervived from a public assistance program, ploitical beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by prgram or incident. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711(voice and TTY). Additionally, program information may be available in languages other than English.
To file a program discrimination complaint, comeplete the USDA Program Discrimination Form, AD-3027, found online at How To File a Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form ot letter to USDA by:

MAIL:
U.S. Department of Agriculture
Office of the Assistannt Secretary for Civil Rights
1400 Independence Avenur, SW
Washington, D.C. 20250-9410

FAX:
(833) 256-1665
(202) 690-7442

or EMAIL:
program.intake@usda.gov

***Do not mail, fax, or email applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.**

USDA is an equal opportunity provider, employer, and lender.

Do not fill out — For School Use Only

Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a Month x 24, Monthly x 12. Do not annualize income unless more than one income frequency is listed.

Total Income	Check how often			
	Weekly	Bi-Weekly	2x Month	Monthly
$				

Household Size ____ Categorical Eligibility ____ Eligibility ____

Determining Official's Signature Date

Confirming Official's Signature Date

Verifying Official's Signature Date